

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

We Vote - Nosotros Votamos - PPAMM Committee

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

Check if different  
than previously  
reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00527226

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

CA

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Parise, Joanne, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Parise, Joanne, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

12

07

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

We Vote - Nosotros Votamos - PPAMM Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">59938.23</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">135866.10</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">7703.57</span>	<span style="border: 1px solid black; padding: 2px;">100482.89</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">143569.67</span>	<span style="border: 1px solid black; padding: 2px;">160421.12</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">16671.20</span>	<span style="border: 1px solid black; padding: 2px;">33522.65</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">126898.47</span>	<span style="border: 1px solid black; padding: 2px;">126898.47</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

We Vote - Nosotros Votamos - PPAMM Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	9		2	0	1	6		

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

7703.57

96046.42

## (ii) Unitemized .....

0.00

3501.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7703.57

99547.42

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

935.47

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

7703.57

100482.89

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

7703.57

100482.89

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

7703.57

100482.89

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	8967.63	12040.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8967.63	12040.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	7703.57	21481.89
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16671.20	33522.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16671.20	33522.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7703.57	100482.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7703.57	100482.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	8967.63	12040.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	8967.63	12040.76

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Update Summary Page

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Planned Parenthood Action Fund of the Pacific Southwest**

Mailing Address 1075 Camino del Rio South

City

San Diego

State

CA

Zip Code

92108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2294.03

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2016

Transaction ID : INCA403

Amount of Each Receipt this Period

1204.96

☐ Memo Item

In-kind contribution - Staff Time; 10/1 - 10/19

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Planned Parenthood Advocacy Project Los Angeles County**

Mailing Address 400 West 30th Street

City

Los Angeles

State

CA

Zip Code

90007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4420.75

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2016

Transaction ID : INCA400

Amount of Each Receipt this Period

2214.62

☐ Memo Item

In-kind Contribution - Staff Time; 10/1 - 10/19

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Planned Parenthood Advocates Mar Monte**

Mailing Address 1691 The Alameda

City

San Jose

State

CA

Zip Code

95126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20282.13

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2016

Transaction ID : INCA409

Amount of Each Receipt this Period

2414.53

☐ Memo Item

In-kind contribution - Staff Time, Phonebanking &amp; Food; 10/1-10/19

SUBTOTAL of Receipts This Page (optional)..... ►

5834.11

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA403

In-kind contribution - Staff Time; 10/1 - 10/19

Form/Schedule: SA11AI

Transaction ID: INCA400

In-kind Contribution - Staff Time; 10/1 - 10/19



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA409

In-kind contribution - Staff Time, Phonebanking & Food; 10/1-10/19

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Planned Parenthood Northern California Action Fund**

Mailing Address P.O. Box 1116

City

Concord

State

CA

Zip Code

94522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2450.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2016

Transaction ID : INCA406

Amount of Each Receipt this Period

1869.46

☐ Memo Item

In-kind Contribution - Staff Time &amp; Expenses; 10/1 - 10/19

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1869.46

TOTAL This Period (last page this line number only)..... ►

7703.57

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA406

In-kind Contribution - Staff Time & Expenses; 10/1 - 10/19

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)

**A. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City  
SacramentoState  
CAZip Code  
95814Purpose of Disbursement  
Legal & Reporting Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

FEC Identification Number

C

Transaction ID : EXPB384

Amount of Each Disbursement this Period

1827.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Advocates Mar Monte**

Mailing Address 1691 The Alameda

City  
San JoseState  
CAZip Code  
95126Purpose of Disbursement  
Fundraising Postage, Event, Supplies and Printing

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

C

Transaction ID : EXPB362

Amount of Each Disbursement this Period

7139.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Fremont Minuteman Press**

Mailing Address 3130 Osgood Court

City  
FremontState  
CAZip Code  
94539Purpose of Disbursement  
Fundraising Printing

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

C

Transaction ID : PDTB39EXPI

Amount of Each Disbursement this Period

1525.59

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8967.63

**TOTAL** This Period (last page this line number only).....▶

8967.63

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 19

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates Mar Monte

Nature of Debt (Purpose):

Fundraising Postage, Event, Supplies and  
Printing

Mailing Address 1691 The Alameda

City

San Jose

State

CA

Zip Code

95126

Outstanding Balance Beginning This Period

7139.83

Transaction ID : PAYD361

Amount Incurred This Period

0.00

Payment This Period

7139.83

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 14 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00527226       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>				
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Action Fund of the Pacific Southwest</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address <b>1075 Camino del Rio South</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">457.88</div>	
City <b>San Diego</b>	State <b>CA</b>	Zip Code <b>92108</b>	<b>Transaction ID : EDTEALC83</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure <b>Staff Time &amp; Food for Phonebanking; 10/1 - 10/19</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24E</div>	<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: <b>Clinton, Hillary, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">9754.28</div>				
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Action Fund of the Pacific Southwest</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address <b>1075 Camino del Rio South</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">457.88</div>	
City <b>San Diego</b>	State <b>CA</b>	Zip Code <b>92108</b>	<b>Transaction ID : EDTEALC84</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure <b>Staff Time &amp; Food for Phonebanking; 10/1 - 10/19</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24E</div>	<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: <b>Masto, Catherine Cortez, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">11727.61</div>				
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">915.76</div>	
<b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(a) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Parise, Joanne, , ,</i>		Date		<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>
				<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">07</div> / <div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>
<i>[Electronically Filed]</i>				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 15 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00527226       </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>														
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Action Fund of the Pacific Southwest</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 01 / 2016										
Mailing Address 1075 Camino del Rio South				Amount <span style="border: 1px solid black; padding: 2px;">289.20</span>										
City San Diego		State CA		Zip Code 92108										
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19				Category/Type <span style="border: 1px solid black; padding: 2px;">24A</span>										
Name of Federal Candidate: Heck, Joe, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV										
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">11727.61</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocacy Project Los Angeles County</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 01 / 2016										
Mailing Address 400 West 30th Street				Amount <span style="border: 1px solid black; padding: 2px;">841.56</span>										
City Los Angeles		State CA		Zip Code 90007										
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19				Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>										
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____										
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9754.28</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px;">1130.76</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	1130.76	(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶		(a) TOTAL Independent Expenditures .....	▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	1130.76												
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶													
(a) TOTAL Independent Expenditures .....	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>Parise, Joanne, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 07 / 2016										

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 16 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00527226       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocacy Project Los Angeles County</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2016</div> </div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">841.56</div>	
City Los Angeles	State CA	Zip Code 90007	<b>Transaction ID : EDTEALC82</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2016</div> </div>
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11727.61</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocacy Project Los Angeles County</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2016</div> </div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">531.50</div>	
City Los Angeles	State CA	Zip Code 90007	<b>Transaction ID : EDTEALC89</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2016</div> </div>
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	
Name of Federal Candidate: Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11727.61</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1373.06</div>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(a) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Parise, Joanne, , ,</i>		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 07 / 2016</div> </div>	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00527226       </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>											
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates Mar Monte</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 01 / 2016							
Mailing Address 1691 The Alameda				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">579.49</div>							
City San Jose		State CA		Zip Code 95126							
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19				Category/Type <span style="border: 1px solid black; padding: 2px;">24A</span>							
Name of Federal Candidate: Heck, Joe, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: NV							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">11727.61</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates Mar Monte</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 01 / 2016							
Mailing Address 1691 The Alameda				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">917.52</div>							
City San Jose		State CA		Zip Code 95126							
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19				Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>							
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President    State: _____							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">9754.28</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 40%; text-align: right;">▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;">1497.01</span></td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;"></span></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;"></span></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;">1497.01</span>	(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>	(a) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;">1497.01</span>										
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>										
(a) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<div style="display: flex; justify-content: space-between;"> <div>           Signature <u>Parise, Joanne, , ,</u>  <b>[Electronically Filed]</b> </div> <div>           Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>            12 / 07 / 2016         </div> </div>											

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00527226       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates Mar Monte</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 01 / 2016	
Mailing Address 1691 The Alameda				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">917.52</div>	
City San Jose		State CA		Zip Code 95126	
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19				Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>	
Name of Federal Candidate: Masto, Catherine Cortez, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: NV	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">11727.61</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Northern California Action Fund</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 01 / 2016	
Mailing Address P.O. Box 1116				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">710.39</div>	
City Concord		State CA		Zip Code 94522	
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19				Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>	
Name of Federal Candidate: Clinton, Hillary, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">9754.28</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; display: inline-block;">1627.91</div>	
<b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(a) TOTAL Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Parise, Joanne, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 07 / 2016	
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 19 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>				
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Planned Parenthood Northern California Action Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 01 / 2016</span> </div>	
Mailing Address <b>P.O. Box 1116</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">710.39</div>	
City Concord	State CA	Zip Code 94522	<b>Transaction ID : EDTEALC87</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 01 / 2016</span> </div>	
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24E</div>	
Name of Federal Candidate: Masto, Catherine Cortez, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: _____  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>NV</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">11727.61</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2016	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Planned Parenthood Northern California Action Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 01 / 2016</span> </div>	
Mailing Address <b>P.O. Box 1116</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">448.68</div>	
City Concord	State CA	Zip Code 94522	<b>Transaction ID : EDTEALC88</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 01 / 2016</span> </div>	
Purpose of Expenditure Staff Time & Food for Phonebanking; 10/1 - 10/19			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24A</div>	
Name of Federal Candidate: Heck, Joe, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: _____  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>NV</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">11727.61</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2016	
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="border: 1px solid black; padding: 2px; text-align: right;">1159.07</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....         </div> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="border: 1px solid black; padding: 2px; text-align: right;">7703.57</div> </div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <i>Parise, Joanne, , ,</i>            Signature         </div> <div> <b>[Electronically Filed]</b> </div> <div>           Date <span style="margin-left: 20px;">MM / DD / YYYY</span>  <div style="display: flex; justify-content: space-between;"> <span>12 / 07 / 2016</span> </div> </div> </div>				